Milwaukee County Corrections Health Care

.	Non Emergency r	nealth Care Requ	lest Form
Check one box	1/1 2 200	= 5	
Medical (\$₹50) (/	N/A On going i	Solle)	MR#
☐ Dental (\$7.50)			
☐ Mental Health (No C	charge) Ze: DENIA	OP ACID REE	PLUX MEDICATION
Inmate Name (Please	print)		Housing Unit
nehemias ?	Quertas JR.		N6/43
Date of Birth	Booking #	Service Charge	Collection
87	2019003347	\$7.50	Date: Time: 4/18/19 0700 Cm
Slip Triage Date	Time		RN (Initials)
This form is a request t	o be seen by a licensed staff r	nember from the Hea	Ith Services Unit.
Completion of this form	does not guarantee a visit wit	th a health care/menta	al health professional.
Responses to this requ Health/ Mental Health S		of your Medical Recor	ds and is at the discretion of the
I understand that the ne	ecessary applicable funds will	be deducted from my	commissary account. I further un-

derstand that medical/dental care will not be refused to any inmate based on his/her ability to pay. If no funds are currently available, a negative balance will be entered into my account.

The negative balance will be deducted from any monies deposited.

Inmate Signature	Date	Time	
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☐ Medical (\$7.50)	JOEL DEWI		NAD#	
☐ Dental (\$7.50)	JUEL DEWI	TT (MHDIRECTUR	J WIK#	
Mental Health (No Charg	10)RE: DENIAL OF	PRESCRIPTION	MEDI	CATION
Inmate Name (Please print			Housin	
Kehemias	Huerta	S JR.	Mb	-43
Date of Birth	Booking #	Service Charge	Collection	
187	20/90033/9	\$7.50	Date:	Time: 19 6700 cu
Slip Triage Date	Time		RN (Initials	s)
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Inmate Signature	17	Date		Time

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■ Medical (\$20.00)		MR#	
☐ Dental (\$20.00)			
Mental Health (No Cl	harge)Re: Untreated MA	4 disorders Since 2/8/19	
Inmate Name (Please p		Housing Unit A 3B-4	6
Date of Birth	Booking #	Collection Date: / / Time/	. V
1987	2019003347	5/2/19	n ·
Slip Triage Date	Time	RN (Initials)	
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	Non Emergency mealth C	are Request Form	
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✓ Medical (\$28:00) N / A	On going issue, will	Treated MR#	
☐ Dental (\$20.00) / N	OTE: HOC Trans	IVII SW	
☐ Mental Health (No Charg	je)		
Inmate Name (Please print) //	Housin	ng Unit
Nehemia	s Thertas -	R = 32	3/46
Date of Birth	Booking #	Collectio	
1987	2019003347	Date: 05/0	2/19 Time: 7Pm
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Inmate Signature	Ynestroff.	Date 05/02/19	Time 7fm

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Date of Birth	Booking # 2019003347	Collection Date:	Time: 8:36
Slip Triage Date	Time	RN (Initial	s)
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	Non Emergency mealth	Care Reduest	FORM	
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Inmate Name (Please print		1	Housing Unit	
Nehemias	Huertas	JR-	38/4	6
Date of Birth	Booking #		ollection	_ 6
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nehemias	Huertas JR.	38	3-4600
Date of Birth	Booking #	Collectio	n K
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Maken /	ner //s.	5/4/19	MAM

Milwaukee County Correctional Health Care

Chack and hav	Non Emergency mean	tn Care Request Form	
Check one box Medicar (\$20.00) Dental (\$20.00) Mental Health (No	NA on going in Re: Orthopaedi	155ac MR#	
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Mental Health (No C	charge)	
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NEKEM	IAS KUERTAS JR	313-46
Date of Birth	Booking #	Collection WW
187	2019003347	Date: Time:
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Slip Triage Date	Time	RN (Initials)
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Inmate Signature	North DC Date	Time

□ Medical (\$20.00) □ Dental (\$20.00) □ Mental Health (No Charge) Re: Intreated Mental health disorder Inmate Name (Please print) □ NEHEMIAS HUERTAS JR. □ Housing Unit □ 3B - 46 □ Date of Birth □ Booking # □ 2019003347 □ Collection □ Date: □ Time: □ S-7-19 □ Completion of this form does not guarantee a visit with a health care/mental health professional. Responses to this request will be based on a review of your Medical Records and is at the discretion of			•
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Inmate Name (Please p	rint)	Housing Unit
NEHEMIA	3 HUERTAS JR	35-46
Date of Birth	Booking #	Collection
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Mental Health (No Char	ge)	Name of the last o	
Inmate Name (Please prin	5 Huertas	JR. Housi	ng Unit
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Dental (\$20.00)	stould be Free plant charge me. Just a question	- MR#
☐ Mental Health (No	Charge)	<u> </u>
Inmate Name (Pleas	e print)	Housing Unit
Nehemia	5 Huertas JR,	5D-12
Date of Birth	Booking #	Collection
187	2019003347	Date: Time: 4.
Slip Triage Date	7/11/19 Time /6//	RN (Initial
This form is a secure	t to be seen by a licensed staff member f	from the Health Services Unit.
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4:10Pm

are currently available, a negative balance will be entered into my account.

The negative balance will be deducted from any monies deposited.

Inmate Signature

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derstand that medical/den are currently available, a r		
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completion of this form do	es not guarantee a visit with a health care/mente will be based on a review of your Medical Recor	

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Non Emergency	/ nealth Care Request Form
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Inmate Name (Please print)	Housing Unit
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Health/ Mental Health Services Staff.	w of your Medical Records and is at the discretion of the
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are currently available, a negative balance will be	entered into my account.
The negative balance will be deducted from any me	onies deposited.
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Inmate Signature	Date John 3:30 Ph
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Milwaukee County Correctional Health Care

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Check one box Medical (\$28,00)	REE, ON GOING I marge) Reigney and Rest marge) Reigney	SSUE	· 111
☑ Dental (\$20.00) ☑ Mental Health (No Cl	narge) Reicktin Wanke	15,100 er Lunk)	
Inmate Name (Please p	S HWERTAS	JR. Housing U	
Date of Birth	Booking # 2019003347	Collection Date:	Time:
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Murema	- John Jr	6/24/9 1	OKM

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NEHEMIAS	HUERTAS JR.	5	0-12
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Medical (\$7.00)	9 Free Ins	t a suppl	MP#	
□ Dental (\$7.50)	0,13		WITAF	
Mental Health (No Cha	irge)			
Inmate Name (Please pri	nt) /	,	Housing Un	it
Nehemias	Huerta	s JR	50-1	6
Date of Birth	Booking #	Service Charge	Collection	14
-87	2019003345	\$7.50	Date:	Time: 10.24/h
Slip Triage Date	Time		RN (Initials)	
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derstand that medical/der are currently available, a	essary applicable funds wil ntal care will not be refused negative balance will be er be deducted from any mo	I to any inmate based on tered into my account	on his/her ability to	unt. I further un- pay. If no funds
Inmate Signature	4/	Date	/- /5 Time	0:20Pm

Check one box Medical (\$20.00) Dental (\$20.00) Mental Health (No Cha	SHOWD BE FREE TO NOW WHAT PROVIDER W	ROCKED MR#
Inmate Name (Please printing HUERTAS	JR, NEHEMIAS	Housing Unit 5D -16
Date of Birth	DR, NEHEMIAS Booking # 2019003347	Collection Date: Time: 08-03-2019 /: 244
Slip Triage Date	Time	RN (Initials)
Completion of this form do	e seen by a licensed staff member from the ses not guarantee a visit with a health care/ will be based on a review of your Medical vices Staff.	/mental health professional.
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Inmate Signature	There as I	Date Time 1:2084

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Date of Birth	Booking #	Collect	
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Check one box				
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Mental Health (No Charg	ge)			
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Nehemias,	Huertas	JR.	53-	-29
Date of Birth	Booking #	Service Charge	Collection	, Ho
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Medical (\$2000) NA	SHONID BE FREE PRE EXISTING MATTE	MR#
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Date of Birth	Booking #	Collection
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			MR#	
☐ Dental (\$7.50)			TVII GF	
Mental Health (No Cha	rge)			
Inmate Name (Please prin	nt)		Housing Unit	
Nehemias	Huertas.	JR.	50-2	29
Date of Birth	Booking #	Service Charge	Collection	
87	2019003347	\$7.50	Date: 9-12-19	4;21pm
Slip Triage Date	Time _		RN (Initials)	
Completion of this form do	e seen by a licensed staff opes not guarantee a visit wit will be based on a review vices Staff.	th a health care/menta	al health professiona	al. cretion of the
derstand that medical/den are currently available, a r	essary applicable funds will tal care will not be refused negative balance will be en be deducted from any mor	to any inmate based of tered into my account.	on his/her ability to p	nt. I further un- pay. If no funds
Inmate Signature	1 Huesta	1 Date 9-1.	2-19 Time	4:21Pm

	Hon Emergency	icaltii Calc Reque	30 1 01111	
Check one box	luct a and	CLAN		
Medical (\$5.50) N A	Unst a gre	31/11	MR#	
□ Dental (\$7.50)	1611077 /30	ghla.		
Mental Health (No Charg	je)			
Inmate Name (Please print		1	Housing	g Unit
Nehemias +	mertas J	/-	50	-29
Date of Birth		Service Charge	Collection	11119 214
-87	Booking # 2019@3347	\$7.50	Date: 9-/2	7:25/4
				· · · · · · · · · · · · · · · · · · ·
Slip Triage Date	Time		RN (Initials)
This form is a request to be Completion of this form doe Responses to this request whealth/ Mental Health Servi	es not guarantee a visit wit will be based on a review o	h a health care/mental	health profe	ssional.
I understand that the neces derstand that medical/denta are currently available, a ne The negative balance will be	al care will not be refused egative balance will be ent	to any inmate based o ered into my account.	commissary a n his/her abil	account. I further un- ity to pay. If no funds
Inmate Signature	Thesa	Date 9-/2	-19	7,25 PM

Milwaukee County Corrections Health Care Non Emergency Health Care Request Form

☐ Dental (\$7.50)	14 Providing me	wich were	MR#	
Mental Health (No C	Charge)			
Nehemias	print) Huertas	Jr.	Housing Unit	29
Date of Birth	Booking # 20/90)3347	Service Charge \$7.50	Collection Date:	Time:
87	20.1002377		71.4-21.1	

This form is a request to be seen by a licensed staff member from the Health Services Unit.

Completion of this form does not guarantee a visit with a health care/mental health professional.

Responses to this request will be based on a review of your Medical Records and is at the discretion of the Health/ Mental Health Services Staff.

I understand that the necessary applicable funds will be deducted from my commissary account. I further understand that medical/dental care will not be refused to any inmate based on his/her ability to pay. If no funds are currently available, a negative balance will be entered into my account.

The negative balance will be deducted from any monies deposited.

Inmate Signature

Alherina Justa G. 9-12-19

7:25/m

Milwaukee County Correctional Health Care

	Non Emergency Health Ca	are Request Form	
Check one box	Parintentional inteferi	na wloutside	
☐ Medical (\$20.00)	by spragging ander	MR#	
☐ Dental (\$20.00)	Provide land & rea	inlations	
Mental Health (No Charg	Refintentional interest for 5 prescribed order Provide laws & reg on ontside doctors of	rder = Jail Heal	th service tog
Inmate Name (Please print	() ₁	Housir	ng Unit
Nehemias t	Inertas Jr.	50	-29
Date of Birth	Booking #	Collectio	n DY
-1987	2019003347	Date: 09-15-	-2019 08:10Am
Slip Triage Date	Time	RN (Initial	s)
Completion of this form doe	seen by a licensed staff member from es not guarantee a visit with a health of will be based on a review of your Med ices Staff.	care/mental health prof	essional.
derstand that medical/denta are currently available, a ne	sary applicable funds will be deducte al care will not be refused to any inma egative balance will be entered into m e deducted from any monies deposit	ate based on his/her ab ny account.	account. I further un- ility to pay. If no funds
Inmate Signature .		Date	Time
Mhim	- Melle A	09-15-2019	08:10AM
114100	-//-//-//	p ,,	7///

Inmate Signature

Milwaukee County Corrections Health Care

	Non Emergency F	icaitii Caic Requ	lest Form
Check one box	Malia O O.	acta.	
Medical (\$256) NA	mudical qu	estion	MR#
☐ Dental (\$7.50)			
☐ Mental Health (No Charg	je)		
Inmate Name (Please print) ,		Housing Unit
Nehemias Hi	urtas Jr.		50-29
Date of Birth	Booking #	Service Charge	Collection (V
87	2019003347	\$7.50	Date: Time: 9/23/2019 1: 12 Pm
Slip Triage Date	Time		RN (Initials)
This form is a request to be Completion of this form doe Responses to this request v Health/ Mental Health Servi	es not guarantee a visit with will be based on a review o	h a health care/menta	Ith Services Unit. al health professional. rds and is at the discretion of the
I understand that the neces derstand that medical/denta are currently available, a ne The negative balance will b	al care will not be refused to egative balance will be ento	to any inmate based of ered into my account.	commissary account. I further un- on his/her ability to pay. If no funds

Date 9/23/2019

Time

1:12 PM

Check one box Medical (\$7.50)	1 Medical	7		
☐ Dental (\$7.50)	1 1/100/201	i	MR#	
☐ Mental Health (No Charg	ge)			
Inmate Name (Please print	0,1	1	Housing Unit	
Inmate Name (Please print	Huertas	Jr-	Housing Unit	29
Date of Birth	Booking #	Service Charge	1 –	
187	Booking # 2019003347	\$7.50	9/23/19	Time: ∂MS
Slip Triage Date	Time		RN (Initials)	
This form is a request to be Completion of this form doe Responses to this request v Health/ Mental Health Servi	es not guarantee a visit with will be based on a review o	h a health care/mental	health professional	
I understand that the neces derstand that medical/denta are currently available, a ne The negative balance will be	al care will not be refused t egative balance will be ente	to any inmate based or ered into my account.	•	
Inmate Signature	. ~//	Date	Time	
111hes	man /h	1 9/2	3/19 8	:45 pm

Milwaukee County Corrections Health Care

Check one box	Non Emergency	Treattir Care Requi	est Form
Medical (\$350) A	//A Medical que	ISTAUN E	[
☐ Dental (\$7.50)	Concern		MR#
☐ Mental Health (No	Charge)		
Inmate Name (Please	e print)		Housing Unit
Nehemia	is Avertas	R.	5D-29
Date of Birth	Booking #	Service Charge	Collection _ +
187	20190037	\$7.50	00.25.10 Time 94
Slip Triage Date	Time	•	RN (Initials)
Completion of this for		rith a health care/menta	
derstand that medical are currently available	necessary applicable funds will I/dental care will not be refused e, a negative balance will be er e will be deducted from any mo	d to any inmate based on tered into my account.	commissary account. I further un- on his/her ability to pay. If no funds
Inmate Signature	-//-	Date	Time

Milwaukee County Corrections Health Care

Non Emergency Health Care Request Form

Check one box Medical (\$7.50) Dental (\$7.50) Mental Health (No Cha	Medical in	formation		
Inmate Name (Please prin		Jr.	Housing Unit	9 0/20
Date of Birth	Booking # 2019 00 3347	Service Charge \$7.50	Collection Date:	Time:
Slip Triage Date	Time		RN (triitials)	46
Completion of this form do	e seen by a licensed staff les not guarantee a visit wit will be based on a review vices Staff.	ith a health care/ment	al health professional.	

I understand that the necessary applicable funds will be deducted from my commissary account. I further understand that medical/dental care will not be refused to any inmate based on his/her ability to pay. If no funds are currently available, a negative balance will be entered into my account.

The negative balance will be deducted from any monies deposited.

Inmate Signature	$\neg //$		Date /	Time
16hem	/ The	to f.	09/26/19	4:42PM

Milwaukee County Corrections Health Care

Non Emergency Health Care Request Form

Check one box	Chronic Pain (Li	nes Elbow Back, R. L	
☐ Dental (\$7.50)	J MR#		
☐ Mental Health (No Cha	arge)		
Inmate Name (Please pr	int), Huertas Jr.		Housing Unit 570 -29
Date of Birth	Booking # 2019003347	Service Charge \$7.50	Collection Time:
Slip Triage Date	Time R		RN (Initials)
Completion of this form d		th a health care/ment	

I understand that the necessary applicable funds will be deducted from my commissary account. I further understand that medical/dental care will not be refused to any inmate based on his/her ability to pay. If no funds are currently available, a negative balance will be entered into my account.

The negative balance will be deducted from any monies deposited.

	Inmate Signature	Date 05-26 2019	Time Y:42h
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Check one box \mathcal{R}	Non Emergence e; Alternative tr	ey Health Care Req		
☐ Medical (\$7.50) jn ☐ Dental (\$7.50) ☐ Mental Health (No	constady PP	y disregarded	MR#	
Inmate Name (Please		is Jr.	Housing 50	Unit -29
Date of Birth	Booking # 2019003347	Service Charge \$7.50	Collection Date:	ALTime:
Slip Triage Date	Tim	e	RN (Initials)	
Completion of this for	to be seen by a licensed stand on does not guarantee a vision uest will be based on a revious Services Staff.	t with a health care/ment	al health profes	sional.
understand that the r	necessary applicable funds /dental care will not be refus		on his/her abilit	

1277 Rev 7/13

Slip Triage Date

Milwaukee County Corrections Health Care Non Emergency Health Care Request Form

Check one box

Medical (\$7.50)	Education	MR#			
Dental (\$7.50)	Education	MR#			
Mental Health (No Charge)	Housing Unit				
Number of Birth	Booking #	Service Charge	Collection	Date:	Output
201900 3347	\$7.50	Service Charge	Collection	Collection	

RN (Initials)

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Responses to this request will be based on a review of your Medical Records and is at the discretion of the Health/ Mental Health Services Staff.

Time

I understand that the necessary applicable funds will be deducted from my commissary account. I further understand that medical/dental care will not be refused to any inmate based on his/her ability to pay. If no funds are currently available, a negative balance will be entered into my account.

The negative balance will be deducted from any monies deposited.

Inmate Signature

Signature

Sieste # 9/26/19 Time

4:41/M

1277 Rev 7/13

Milwaukee County Corrections Health Care Non Emergency Health Care Request Form

Medical (\$7.50)			MR#
Dental (\$7.50) Mental Health (No C			
Inmete Name (Please		/r	Housing Unit 5D-29
Date of Birth	Booking # 2019003347	Service Charge \$7.50	Collection AF
		- A	- 11010

This form is a request to be seen by a licensed staff member from the Health Services Unit.

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Inmate Signature	Date	Time
numer que	9-30-19	1:10 Pm

1277 Rev 7/13

Inmate Signature

Milwaukee County Corrections Health Care Non Emergency Health Care Request Form

Check one box					
☐ Medical (\$7.50)					
☐ Dental (\$7.50)			MR#		
Mental Health (No Charge)					
Inmate Name (Please print) Housing Unit					
Nehemias Huertas Jr. 5D-29					
Date of Birth	Booking #	Service Charge	Collection		
87	2019003347	\$7.50	Date: Time: 9:21		
Slip Triage Date Time RN (Initials)					
This form is a request to be seen by a licensed staff member from the Health Services Unit. Completion of this form does not guarantee a visit with a health care/mental health professional. Responses to this request will be based on a review of your Medical Records and is at the discretion of the Health/ Mental Health Services Staff.					
Health/ Mental Health Services Staff. I understand that the necessary applicable funds will be deducted from my commissary account. I further understand that medical/dental care will not be refused to any inmate based on his/her ability to pay. If no funds are currently available, a negative balance will be entered into my account. The negative balance will be deducted from any monies deposited.					

Time 9:20 Am

1277 Rev 7/13	Non Emergency H	orrections He lealth Care Requ	ealth Care	
Dental (\$7.50) Mental Health (No C	Non Emergency H PIEASE STOP A FOR PRE EXI Charge)	CHARGIN ISHNG ISSU MATTER	MR#	
Inmate Name (Please	·	51	Housing Unit	
Date of Birth	Booking # 20/9003347	Service Charge \$7.50	Collection Date:	Time:
Slip Triage Date	Time		RN (Initials)	

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The negative balance will be deducted from any monies deposited.

Inmate Signature

| Date | 16/6/19 7:55PM

	Non Emergency I A PLEASE S A CHAR GINE	lealth Care Reg	uest Form
Inmate Name (Please		•	Housing Unit
Date of Birth	Booking # 2019003347	Service Charge \$7.50	Collection By Time:
Slip Triage Date	Time		RN (Initials)

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The negative balance will be deducted from any monies deposited.

10/1/19 7:400	Inmate Signatur		Date ,	Time
	11000	The state of	10/11/19	7:40 PM

medical agreemsor Jordan RA	
Can please have a copy of a My Medical grievances respon From Hoc which were never	al
provided to Me by paper become they are done on the Kiosk & got remanded May 1st, 2019	use
pace to the CJF.	
Thank you Frievances and	e modial
Chart, up to cus to release	Stady
BOOKING #: 2019003347 PRINT NAME: NO REMINS HUNTAS IN THE PRINT NAME: OFFICER:	The state of the s
OFFICER: RESPONDING:	

10-19-19

[70]
TO WHOM IT MAY CONCERN
STOP giving me the run
stof giving market rear
around: You say I should
have received a response" and
in telling you I never did nor
old 1. received a RECEPT.
THE COLOR
I May tor a copy I don't case
I'll Pay for a copy I don't care charge my Account . How hard
15 MJ NO
15 that?
(See affached)
BOOKING #: POD/CELL:
2019003341 5D-29
Nehemias Huertas
OFFICER:
RESPONDING:

TO: CO COLE	10-4-2019
I never received a	Carbon
copy or receipt to o	rievances#:
19-002076	
19-001841	
19-001868	
19-001536	
19-001866	
19-001469	
19-001486	
19-001442	
19-001378	
19-10-1280	
19-001311	
BOOKING #: 2019003347	POD/CELL: 5D-29
Nehemias Huertas Dr	Date of Births
OFFICER:	
RESPONDING: YOU Should ha	ave recieved
responding: You Should he	

CMS CORIEVANCES	
THEY Provide with	ar
1000000 10	1
grievances #:	
19-001721 07/12/19	
19-002007 07/16/19	
19-002-025 08/07/19	
19-002008 08/13/19	
19-002075 08/24/19	
19-002076 08/24/19	
can I please have my	
copy?	
Thank you.	
	1
BOOKING #:	
2019003347 POD/CELL: 50-29. Nahami - C. H # C. Date of Birth:	
Nehemias Huertas Date of Birth: OFFICER	-
RESPONDING:	
recieve a response.	
receive a response.	

TO: 000 1000	
OPEN RECORD	10/01/2019
-	
I Was never provid	led W/ a copy
and for response	- to
CARIEVANCES #	
12	
19-001721	07-12-2019
19-002007	07-16-2019
19-002025	08-07-2019
19-00 2008	08-13-2019
19-00 2075	08-24-2019
19-00 2076	08-24- 2019
Can I please ha	
(/ · / / /
Thank you!	
BOOKING #: 1019803347	POD/CELL: 5D-29
Venemias Huertas	Date of Birth:
OFFICED:	
RESPONDING:	

9-18-2019
B- AN TIBERARY OF TO Whom it mad concern
-Special Projects-
I need a copy of all My grievances!
Submitted between March, 2019
& April, 2019 at the House of
CORRECTION as I was never provided.
a Carbon Copy nor a receipt since
grievances at the Hoc are
done on the 'Kiosk"
BOOKING #: POD/CELL: 55-29
Nehemias Huertas Jr. Date of Birth: 1987
OFFICER:
RESPONDING:

TO: CO COLE 10-05-2019	
CO COLE 10-05-2019	-
1 1/1/2 1/2 0	-
1 HAVENT RECEIVED A	
RECEIPT NOR A RESPONSE	
TO THE FOILDWING	
GRIEVANCES PIEASE SEE	
	,
ATTACHED).,	
I Would like a Receipt and Response.	
and Response.	
Thank con.	
BOOKING #: POD/CELL:	_
201903347 5D - 29 PRINT NAME: 1 Date of Birth:	
PRINT NAME: Nehemias Huertas OFFICER: Date of Birth: 87	
RESPONDING:	
KESTONDING:	

Re: manswered grievances & receipts not provided:

- 1) Grievance Date 07-12-2019 @ 08:52pm, regarding month hand over to co Smith not sent on 06-19-2019 (Carbon copy available à Signed), Maril was never logged neither.
- 2) Crievance Sate 07-16-2019 @ 08:10 pm, regarding Mail I hand over to co Broske on 07-12-2019 not Sent, (carbon copy available & Signed). Mail was never logged neither.
- 3) Grievance Date 07-16-2019@ 08:10pm, regarding Mail 1 hand over to cos. leterson not Sent or logged, (Carbon copy: ownilable & Signed).
- 4) Grievance Date 0B-21-2019 @ 04:03 pm, regarding mail 1 hand over to co C.A. Working the 5D Pod on 07-16-19 not Sent or logged, (carbon copy available & Signed).
- 5) Grievance Date 08/21/2019 @ 09:05 Am, regarding mail I hand over to CO A.G. Working the 5D Pod on 08/21/19, never sent or lugged, (Carbon copy available & signed).
- 6) Grievance Date 08/21/2019 @ 09:05 Am, regarding mail I hand over to co &. H working the 50 PKd on 08-13-19, never Sent ord or logged.
- 7) Griwance Date 08/24/2019 @ 9:15 Am, regarding mail not:

being sent or logged.
8) Cortwance Date 08-24-2019 @ 09:20 Am, regarding my Mail which was sent out 06-18-2019 hand over to co Fernandes-Rosa going out to casis, never sent or lugged, (car bon cop, available & signed).
my Mail which was sent out 06-18-2019 hand over to
co Fernandes Rosa going out to UASIS, never Sent or
raged, (car bon cop, available & signed).
4) Corievance Date 08-24-2019@ 07:10pm, regarding +toc grievances carbon cop & response never provided
HOC grievances carbon copy & response never provided
J
10) Grievance Date 08/29/2019 @ 10:47 Am, vegarding
10) Grievance Date 08/29/2019 @ 10:47 Am, vegarding appeal to grievance 19-001866, (Carbon Coign available & . Signed).
Stand)
11) Grievance Date 09-03-19 @ 09:05pm, regarding appeal to grievance # 19-001745, (Carbon copy available & signed).
arievance \$ 19-001745, (Carbon Copy available & Signed).
I Would like my receipt & response to the grievances (1)
11sted above.
Thank you!
- Neh + 1/5, #343598
Nehemids Huertal Dr. Basking NO. 2019003347
Milwico, Jail Doß 187
949 N. 9th St.
Milw. W1 53233
PAGE 20FZ